Complete Summary

GUIDELINE TITLE

Prevention and identification of childhood overweight.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Prevention and identification of childhood overweight. Southfield (MI): Michigan Quality Improvement Consortium; 2008 Jun. 1 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Prevention and identification of childhood overweight. Southfield (MI): Michigan Quality Improvement Consortium; 2006 Jul. 1 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Childhood overweight

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nursing
Nutrition
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Dietitians
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the prevention and identification of childhood overweight through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key prevention components of childhood overweight to improve outcomes

TARGET POPULATION

- Parents of children younger than 2 years old
- Children 2 years of age and older

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation

Children 2 Years or Older

1. General assessment
2. History and physical examination
3. Body mass index for age
4. Dietary patterns
5. Risk factors

Prevention

Children Under 2 Years Old

1. Education of parents regarding practices to promote healthy weight
2. Preventive measures to promote healthy weight
    - Breastfeeding
    - Appropriate nutritional intake
    - Parental role modeling

- Prohibition of television or computer time

Children 2 Years or Older

1. Age-specific (e.g., preschool, school-aged) preventive measures to promote healthy weight
2. Consider barriers and explore individualized solutions

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies, existing protocols and/or national guidelines on the selected topic developed by organizations such as the American Diabetes Association, American Heart Association, American Academy of Pediatrics, etc. If available, clinical practice guidelines from participating MQIC health plans and Michigan health systems are also used to develop a framework for the new guideline.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendations

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using information obtained from literature searches and available health plan guidelines on the designated topic, the Michigan Quality Improvement Consortium (MQIC) project leader prepares a draft guideline to be reviewed by the medical directors' committee at one of their scheduled meetings. Priority is given to recommendations with [A] and [B] levels of evidence (see "Rating Scheme for the Strength of the Evidence" field).

The initial draft guideline is reviewed, evaluated, and revised by the committee resulting in draft two of the guideline. Additionally, the Michigan Academy of Family Physicians participates in guideline development at the onset of the process and throughout the guideline development procedure. The MQIC guideline feedback form and draft two of the guideline are distributed to the medical directors, as well as the MQIC measurement and implementation group members, for review and comments. Feedback from members is collected by the MQIC project leader and prepared for review by the medical directors' committee at their next scheduled meeting. The review, evaluation, and revision process with several iterations of the guideline may be repeated over several meetings before consensus is reached on a final draft guideline.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

When consensus is reached on the final draft guideline, the medical directors approve the guideline for external distribution to practitioners with review and comments requested via the Michigan Quality Improvement Consortium (MQIC) health plans (project leader distributes final draft to medical directors' committee, measurement and implementation groups to solicit feedback).

The MQIC project leader also forwards the approved guideline draft to appropriate state medical specialty societies for their input. After all feedback is received from external reviews, it is presented for discussion at the next scheduled committee meeting. Based on feedback, subsequent guideline review, evaluation, and revision may be required prior to final guideline approval.

The MQIC Medical Directors approved this guideline in June 2008.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Parents of Children Younger than 2 Years Old

Education of Parents Regarding Obesity and Prevention of Risk

Prevention to Promote Healthy Weight

- Encourage breastfeeding; discourage overfeeding of bottle fed infants **[A]**.
- Avoid premature introduction of solids and base timing for introduction of solids on child's development, usually between 4 months and 6 months of age.
- Preserve natural satiety by respecting a child's appetite.
- Educate caregivers on the importance of age-specific meals and snacks, consistent mealtimes, appropriate snacking, serving sizes, reading nutritional labeling, and daily physical activity.
- Educate parents about the importance of parental role modeling for healthy lifestyle behaviors and of parental controls **[D]**.
- Avoid high calorie, nutrient poor beverages (e.g., soda, fruit punch, or any juice drink less than 100% juice).
- Limit intake of 100% juice to <6 oz per day; may offer in a cup, starting at 6 months of age.
- Evaluate general co-morbidities, including but not limited to cardiovascular disease of parents.
- No television or computer screen time **[D]**.

Frequency

At each periodic health exam

Children 2 Years or Older

Assessment of Body Mass Index (BMI), Risk Factors for Overweight, and Excessive Weight Gain Relative to Linear Growth

General Assessment

- History (including focused family history) and physical exam
- Measure and record weight and height on U.S. Centers for Disease Control and Prevention (CDC) BMI-for-age growth chart, calculate and plot patients' BMI [weight (kg)/height squared (m^2) or (pounds x 703)/$inches^2$] (see http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx).
- Dietary patterns (e.g., frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, etc.)
- Risk factors for overweight (i.e., low or high birth weight, low income, minority, television or computer screen time > 2 hours, low physical activity, poor eating, depression) including pattern of weight change **[C]**. Watch for increases of 3 to 4 BMI units/year.

Frequency

At each periodic health exam

Children 2 years or Older, BMI for Age <85th Percentile

Prevention to Promote Healthy Weight

Age Specific Prevention Messages

Preschool

- Limit television and computer screen time to 1 to 2 hours per day; remove television and computer screens from primary sleeping area.
- Replace whole milk with skim, avoid high calorie, nutrient poor beverages (soda, fruit punch, juice drinks); limit intake of 100% juice.
- Eat breakfast daily; limit eating out and portion sizes, particularly fast foods.
- Promote a healthy diet (include fruit and vegetables and low-fat dairy) that encourages family mealtimes, regular eating times, and minimizes nutritionally poor food prepared outside the home.
- Respect the child's appetite and allow him or her to self-regulate food intake.
- Provide structure and boundaries around healthy eating with adult supervision.
- Promote physical activity including unstructured play at home, during childcare, and in the community.

School-Aged, The Above Plus

- Accumulate at least 60 minutes, and up to several hours, of age appropriate physical activity on all or most days of the week (emphasize lifestyle exercise [i.e., outdoor play, yard work, and household chores]).
- Consider barriers (e.g., social support, unsafe neighborhoods or lack of school-based physical education) and explore individualized solutions.
- Reinforce making healthy food and physical activity choices at home and outside of parental influence.

Frequency

At each periodic health exam

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

This guideline is based on several sources, including the American Medical Association 2007 Expert Committee Recommendations on the Treatment of Pediatric Obesity (www.ama-assn.org).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for prevention and identification of childhood overweight, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Approved Michigan Quality Improvement Consortium (MQIC) guidelines are disseminated through email, U.S. mail, and websites.

The MQIC project leader prepares approved guidelines for distribution. Portable Document Format (PDF) versions of the guidelines are used for distribution.

The MQIC project leader distributes approved guidelines to MQIC membership via email.

The MQIC project leader submits request to website vendor to post approved guidelines to MQIC website (www.mqic.org).

The MQIC project leader completes a statewide mailing of the comprehensive set of approved guidelines and educational tools annually. The guidelines and tools are distributed in February of each year to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

The statewide mailing list is derived from the Blue Cross Blue Shield of Michigan (BCBSM) provider database. Approximately 95% of the state's M.D.'s and 96% of the state's D.O.'s are included in the database.

The MQIC project leader submits request to the National Guideline Clearinghouse (NGC) to post approved guidelines to NGC website (www.guideline.gov).

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

This guideline is based on several sources, including the American Medical Association 2007 Expert Committee Recommendations on the Treatment of Pediatric Obesity (www.ama-assn.org).

DATE RELEASED

2006 Jul (revised 2008 Jun)

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium - Professional Association

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Standard disclosure is requested from all individuals participating in the Michigan Quality Improvement Consortium (MQIC) guideline development process, including those parties who are solicited for guideline feedback (e.g., health plans, medical specialty societies). Additionally, members of the MQIC Medical Directors' Committee are asked to disclose all commercial relationships.

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Communication guidelines to promote health behavior change. Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on October 16, 2006. The information was verified by the guideline developer on November 3, 2006. This NGC summary was updated by ECRI Institute on December 15, 2008. The updated information was verified by the guideline developer on December 17, 2008.

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